

**NC OFFICE OF STATE PERSONNEL
EQUAL EMPLOYMENT OPPORTUNITY INSTITUTION (EEOI)
PARTICIPANT REGISTRATION FORM**

Please complete and return this form 30 days prior to your 1st choice for the Institute to your Training Coordinator. Your training coordinator will then forward it to the DHHS EEOI Training Coordinator. Please do not submit this form directly to EEOI Training Coordinator at the N.C. Office of State Personnel, Personnel Development Center

Date and Location of EEOI you wish to attend:

Indicate Date Choice: _____

Indicate Location Choice: _____

ENROLLEE DATA

Name: _____

Job Title: _____ Pay Grade: _____ *

Social Security No. _____ * Race: _____ * Sex: _____ * Age: _____ *

Agency: _____ Division: _____

Workplace Address: _____
(Street) (City) (Zip)

Mail Service
Center Address: _____
(City) (Zip)

MSC #: _____

Courier #: _____

Work Phone: (_____) _____ Fax #: (_____) _____

E-mail Address: _____

Promotion/New Hire Date: _____
(Date hired or promoted into supervisory position)

Are you EPA _____ or SPA _____ * How many employees do you supervise? _____

County Employed: _____

EEOI Coordinator's Use Only

Is an accommodation needed for this enrollee to participate in the EEOI?
If so, please indicate the type of accommodation below:

Accommodation: _____

EEOI TRAINING COORDINATORS – please send completed registration forms to: Heather Evans, EEOI Training Coordinator, North Carolina Office of State Personnel, Personnel Development Center, 1333 Mail Service Center, Raleigh, NC 27699-1333 or fax: (919) 733-8359 – Street location is 101 W. Peace St., Raleigh, NC 27603 Phone (919) 733-2474

EEOI Coordinator's Signature: _____ **Date** _____

Telephone _____

E-mail Address _____

* Indicates a required field